Temporary Assistance (TA) Applicant Assessment



Name: Phor	e: DCN:
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Case Manager or Other Office Personnel Read the Statement Below to the TA Applicant:

Since you applied for Temporary Assistance (TA) payments at the Family Support Division (FSD), state law requires you to complete an assessment. You must fully complete the assessment questions below. If you do not understand a question or cannot read the questions, someone in the office will help you complete this form. All information given is confidential.

1. Do you have a job? No. Yes, complete:	
Employer Name:	
Employer Address: Wage is Per: Hour Week	
	Monut Di-weekly
2. Do you get paid for work you do? (For example: mowing yards, houses; fixing houses; etc.) \[\sum_{\text{No.}} \sum_{\text{No.}} \sum_{\text{Yes}}, complete:	; cutting/styling hair; receiving rent for work; cleaning
Type of work:	
Amount of Payment After Your Costs: (For example: If you baby, mow yards, take out the cost you paid to huy gas to mow that yard(s). If yo costs (if there are any) for cleaning supplies.)	
Payment is Per: Hour Week Month Bi-Weel	kly Other:
Payment Amount: \$ If the payment changes, e	enter the payments received for the last 8 weeks:
(A week is Saturday-Friday.)
Week 1: \$ Week 2: \$ W	/eek 3: \$ Week 4: \$
Week 5: \$ Week 6: \$ W	Veek 7: \$ Week 8: \$
3. Are you going to school or training? No. Yes, complete:	
School Name:	School Phone: ()
School Address:	
Type of School:	College Vocational School
4. Do you have someone to watch your child(ren) if you go to work	and/or school? No. Yes.
5. Do you have transportation to go to work and/or school? No Type: (i.e. my car, bus, bike, ride with neighbor, etc.)	
6. Do you think working or going to school/training could make so abusive? No. Yes.	omeone in your household become abusive or more

	Is there anything keeping you from work and/or going to school/training? Or, is there anything else you would like us to know? No. Yes.		
	If you are approved for TA payments, this program requires you to work and/or go to training or school the following hours as a TA recipient: • Single Parent with a Child under 6 = 25 hours per federal week • Single Parent with a Child 6 and Over = 35 hours per federal week • 2-Parent Household with no Childcare Paid by FSD = 35 total hours per federal week • 2-Parent Household with Childcare Paid by FSD = 55 total hours per federal week (Note: A federal week is Saturday through Friday.)		
	Answer the below questions so we can determine your required hours:		
	8a. Did FSD state you are a one or two parent household? One Two		
	8b. Do you receive childcare paid by FSD? No. Yes		
	8c. Do you have a child under 6 in your household? No. Yes		
	Your calculated hours will change if your childcare, household's size, or children's age changes.		
	training/school as soon as possible? (Examples: I will contact the local daycares to see if there are openings. I will check to see how much it will cost to repair my car. I will check with my neighbors, friends, and family regarding transportation.)		
10.	Release of Information		
	I understand the information I give is private; however, it may be needed by other agencies to help me reach my goals. I give permission to the Career Assistance Program (CAP) service provider to give this information to other agencies as needed for case management services. I also give CAP permission to contact and obtain written verification of weekly hours I may be attending at any treatment and support facility or school and to contact my employer to verify wages and hours of employment.		
	As a CAP participant, you do not have to agree to this release. This release is only intended to allow the CAP case manager permission to verify information pertaining to CAP.		
	Your Signature Month Day Year		
11	. All of my answers to the above questions are true. (Give this form to the office person.)		
	Your Signature Month Day Year		
12	. Office Personnel Need to Schedule the Below Appointment:		
	Your next appointment is:// at Month Day Year Time		
	If you are approved for Temporary Assistance (TA) at FSD and you do not return for the above appointment or you reschedule this appointment without "good cause", and/or you do not do what CAP requires, your TA benefits could be		
	reduced. If you cannot make this appointment, contact:		
	Contact Name Contact Phone		